ENDMENT TRANSMITTAL LETTER CLIENT-MATTER NO.: 66797-071 TRADE (P-IX 2405) SERIAL NO: FILING DATE: **EXAMINER: GROUP ART UNIT: 1644** 08/790,540 January 30, 1997 P. Gambel **CONFIRMATION NO.: 1555** INVENTION: ANTI-α_Vβ₃ RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE

TO: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" MAILING LABEL NUMBER: EV EV 401711135 US DATE OF DEPOSIT: December 17, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Carrie Hines
(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE) MAILING PAPER OR FEE

Transmitted herewith is a Response to the Office Action mailed June 17, 2003, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.2
- Petition for Three-Month Extension of Time is enclosed (in duplicate). X
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER		HIGHEST	OF EXTR CLAIMS	NUMBER	П	RATE			FEE	
	AFTER AMEND- MENT		NUMBER PREVIOUSLY PAID FOR		OF EXTRA CLAIMS PRESENTED		SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	39	-	39	-	0	x	\$9	\$18	-	\$	\$0.00
INDEPEN- DENT											
CLAIMS	15	-	15	-	0		\$42	\$84	-	s	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	<u> </u>	_XX_NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE		\$	\$0.00	

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 502624 the amount of \$950.00 of which covers X the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.
- <u>X</u> The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Huse and Glaser Serial No.: 08/790,540 Filed: January 30, 1997

Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena Registration No. 44,048

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